

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
101 166 506
APPLICANT(S)

1124102

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2			1			
3			1			
4			1			
5		1	1			
6		1	1			
7		1				
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49						
50						
TOTAL IND.			4			
TOTAL DEP.			6			
TOTAL CLAIMS			10			

4
6
10

1124102

TOTAL IND. TOTAL DEP. TOTAL CLAIMS